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# T-805 P.003/008

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FORM

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MULE 03 (31 U.F.N. 1.09) FUR UTILITYDESIGN CIP/PCT NATIONAL/PLANT ORIGINAL/SUBSTITUTE/SUPPLEMENTAL **DECLARATIONS** 

As a below named inventor, thereby declare that my residence, post office address and citizenship are as stated below next to my name, and the believe I am the original, first and sole inventor (if only one name is listed pelow) or an original, first and sole inventor (if only one name is listed pelow) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED TIMING SKEW COMPENSATION TECHNIQUE FOR PARALLEL DATA CHANNELS

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R<br>ntor's certificate,<br>identified below<br>id in this applica                                                            | ( 1 56 Except as<br>or 365(a) of any P<br>any foreign applica                                                                                                                                                        | noted below, I hereby claim CT International ation for patent or inventor;                                                                                                              |  |  |
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| Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP.) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications. I acknowledge the duty to disclose all information known to me to be inaterial to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application.  PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)  Status  Priority NOT Claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                      |                                                                                                                                                                                         |  |  |
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| And I hereby appoint ransact air outsides the persons of mar him transact air outsides the person/assignation personal ranes of persons of the person/assignation are person/assignation person are person/assignation person pe | int Pilisbury Winthrop II in the United State  In the Pilisbury Winthrop II is who are associated was in the Patent and the Initial Colonger with their film elanterney/film/ organistesented unless/until 16773  Intt 17519  17698  20508  18221  25323 | therein of my own knowledg with the knowledge that will tes Code and that such with USPTO Customer No Stacemark Office connected the total new persons of the zation who/which hirst sende i instruct the above firm and Paul E. White, Jr. Glenn J. Perry Kendrew H. Colton G. Paul Edgell Lynn E. Eccleston  David A. Jakopin Mark G. Paulson | ul talse statement talse state | ints and the like so institute and the like so institute the manufacture of the like so institute the like so institute the like resulting patient, but one of them and by whom? | ode are punishate evaluate or the collectively my de and I hereby or the which I hereby or to the contrary or 3130 272 22 22 367 367 370 418 | one by fine or impri- application or any communications are ittorneys to prosecu- ithorize them to de structions from an- lectare that I have  61 William P  44 Paul L. Sh  48 Anthony L  104 David Sign  87  66  87 | sonment, or both, under patent issued thereon.  a to be directed), and are this application and to liete from that Customer No decomended after full Atkins 3882 arer 36004 Miele 3439. |  |  |
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                                               | ONAL INVENT                                                                                                                                                                                                                                              | ORS, "X" box 🖾 an                                                                                                                                                                                                                                                                                                                                                                                                                                               | a proceed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on the attached                                                                                                                                                                  | page to lis                                                                                                                                  | t each addition                                                                                                                                                                                                      | onal inventor                                                                                                                                                                           |  |  |

# DECLARATION AND POWER OF ATTORNEY

(continued)
ADDITIONAL INVENTORS

| (3) INVENTOR    | R'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                      | Date:                                   |                        |  |  |
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| Bruce           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | LES                  | LESHAY                                  |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fust                                   | Middle Initial       |                                         | Family Name            |  |  |
| Residence       | West Boylston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | MA                   |                                         | United States          |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                   | Smre/Foreig          | in Country                              | Country of Citizenship |  |  |
| Aailing Addres  | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | et West Boylston, MA |                                         |                        |  |  |
| include Zip C   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01583                                  |                      |                                         |                        |  |  |
| merade zip e    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0 1303                               |                      |                                         |                        |  |  |
| 4) INVENTOR     | R'S SIGNATURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | •                    | Date.                                   |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First                                  | Middle Initial       | · · · · · · · · · · · · · · · · · · ·   | Family Name            |  |  |
| Residence       | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11131                                  | Middle Hilps:        |                                         | Totally (Value         |  |  |
| tibility (Tibe) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ca                                     | State/Fores          | In Country                              | Co and of Common a     |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                   | StateForek           | in County                               | Country of Cluzenship  |  |  |
| Mailing Addres  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
| include Zip C   | oge)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                               |                      |                                         |                        |  |  |
| S) INVENTOR     | R'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                      | Date:                                   |                        |  |  |
|                 | TO COUNTRY AND ADDRESS OF THE ADDRES | • • •                                  |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First                                  | Mindo faitini        | <del></del>                             | Englishipme            |  |  |
| Residence       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FRSI                                   | Middle Initial       |                                         | Family Name            |  |  |
| Kesidence       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                   | State/Foreig         | an Country                              | Country of Citizenship |  |  |
| Mailing Addre   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
| (include Zip C  | ode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                      |                                         |                        |  |  |
| (S) INVENTOR    | DE SIGNATURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                      | Deser                                   |                        |  |  |
| (O) INVENTO     | R'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                               | <del></del>          | Date:                                   |                        |  |  |
|                 | _1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del>                            |                      |                                         |                        |  |  |
|                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | First                                  | Middle Initial       |                                         | Family Name            |  |  |
| Residence       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                   | State/Fore           | 3n Country                              | Country of Citizenship |  |  |
| Mailing Addre   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
| (include Zip C  | 000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                      |                                         |                        |  |  |
| · >             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      | _                                       |                        |  |  |
| (/) INVENTO     | R'S SIGNATURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                      | Date:                                   |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ************************************** |                      | <del></del>                             |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First                                  | Middle Initial       |                                         | Family Name            |  |  |
| Residence       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***                                    |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cny                                    | State/Foreig         | ја Соипву                               | Country of Citizenship |  |  |
| Mailing Addre   | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                      |                      | *************************************** |                        |  |  |
| (include Zip C  | ಂದಕ)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
| (8) INVENTO     | R'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | ~                    | Date:                                   |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·                                    |                      | •                                       |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First                                  | Middle Inipal        |                                         | Family Name            |  |  |
| Residence       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                   | State/Forex          | an Country                              | Country of Citzenship  |  |  |
| Mailing Addre   | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                      |                                         |                        |  |  |
| (include Zip C  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      |                                         |                        |  |  |
|                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                      |                                         |                        |  |  |
| (9) INVENTO     | R'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                      | Date:                                   |                        |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      | ·····                                   | -                      |  |  |
|                 | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | First                                  | Middle Inipal        |                                         | Family Name            |  |  |
| Residence       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 11 W.L                               | islictoric Billion   |                                         | t cittili Mattie       |  |  |
|                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City                                   | State/Forex          | an Country                              | 6                      |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cità                                   | SIGNETOTEX           | gis Coolidy                             | Country of Citizenship |  |  |

## FOR UTILITY/DESIGN CIP/PCT NATIONAL/PLANT ORIGINAL/SUBSTITUTE/SUPPLEMENTAL **DECLARATIONS**

# RULE 63 (37 C.F.R. 1.63) **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM & S **FORM** 

TIMING SKEW COMPENSATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I

believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED TIMING SKEW COMPENSATION. TECHNIQUE FOR PARALLEL DATA CHANNELS the specification of which (CHECK applicable BOX(ES)) A. X is attached hereto. as U.S. Application No. B.  $\square$  was filed on BOX(ES) C. was filed as PCT International Application No. PCT/ **→** and (if applicable to U.S. or PCT application) was amended on I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C F.R. 1 56. Except as noted below, I hereby claim foreign priority benefits under 35 U S.C 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application: **Date Patented** Date first Laid-PRIOR FOREIGN APPLICATION(S) **Priority NOT Claimed** open or Published or Granted Day/MONTH/Year Filed Country Number Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R 1 56 which became available between the filing date of each such prior application and the national or PCT international filing date of this **Priority NOT Claimed** PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S) **Status** Day/MONTH/Year Filed pending, abandoned, patented Application No. (series code/serial no.) - hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and Jurther that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint Pillsbury Winthrop LLP, Intellectual Property Group, telephone number (202) 861-3000 (to whom all communications are to be directed), and persons of that firm who are associated with USPTO Customer No 909 (see below label) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete from that Customer No hames of persons no longer with their firm, to add new persons of their Firm to that Customer No., and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full closure to be represented unless/until I instruct the above Firm and/or an attorney of that Firm in writing to the contrary William P. Atkins 38821 31361 32011 Stephen C. Glazier -Paul N. Kokulis 16773 Paul E. White, Jr. 36004 31044 Paul L. Sharer 28458 17519 Glenn J. Perry Raymond F. Lippitt 34393 27248 Anthony L. Miele Richard H. Zaitlen Kendrew H. Colton 30368 17698 G. Lloyd Knight 31204 David Sigmond 34013 24238 Roger R. Wise 20508 G. Paul Edgell Kevin E. Joyce Michael R. Dzwonczyk 36787 35861 George M. Śirilla 18221 Lvnn E. Eccleston W. Patrick Bengtsson 32456 25323 Donald J. Bird 37087 Jack S. Barufka 32995 David A. Jakopin 41835 Adam R. Hess Mark G. Paulson 30793 28872 Dale S. Lazar Date: (1) INVENTOR'S SIGNATURE: ALIAHMAD Mehran Family Name First Middle Initial Canada Canada Ottawa, Ontario Residence Country of Citizenship State/Foreign Country 2162 Strathmore Blvd., Ottawa, Ontario, Canada Post Office Address K2A 1M7 (include Zip Code) Date: (2) INVENTOR'S SIGNATURE: BROWN W Russell Family Name Middle Initial First Canada Canada Nepean, Ontario Residence State/Foreign Country Country of Citizenship City 49 oineglen Cres., Nepean, Ontario, Canada Post Office Address K2G 0G7 (include Zip Code) FOR ADDITIONAL INVENTORS, "X" box 

and proceed on the attached page to list each additional inventor. 272979 Atty. Dkt. No. PM (M#)

# 

# DECLARATION AND POWER OF ATTORNEY (continued) ADDITIONAL INVENTORS:

| (3) INVENTO                            | R'S SIGNATURE: | Ann a                                      | lef                   | M Data: 5 | 124/2001              |             |
|----------------------------------------|----------------|--------------------------------------------|-----------------------|-----------|-----------------------|-------------|
|                                        | Bruce          |                                            | LESI                  | HAY       | 1011                  |             |
|                                        | 7 8 8          | First                                      | Middle Initial        |           | Family Name           |             |
| Residence                              | West Boylston  |                                            | MA                    |           | United States         |             |
|                                        |                | City                                       | State/Föreigr         | Country   | Country of Citizensh  | nin ,       |
| Mailing Addre                          | ess            |                                            | et, West Boylston, MA |           | 3 Journal of Original | пр ,        |
| (include Zip C                         | Code)          | 01583                                      |                       |           |                       |             |
| (4) INIVENITO                          | R'S SIGNATURE: | 321 01.                                    | <del>.</del>          | _         |                       |             |
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| (6) INVENTO                            | R'S SIGNATURE: |                                            |                       | Date:     |                       |             |
| 98.58686863636                         |                | 7.6.                                       |                       |           |                       |             |
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| (7) INVENTO                            | R'S SIGNATURE: |                                            |                       | Date:     |                       |             |
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| (8) INVENTO                            | R'S SIGNATURE: |                                            |                       | Date:     |                       |             |
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| (include Zip C                         | ode)           |                                            |                       |           |                       |             |
| (9) INVENTOR                           | R'S SIGNATURE: |                                            |                       | <b>.</b>  |                       |             |
| (J) HIVEHIO                            | C GIGITATURE:  |                                            |                       | Date:     |                       |             |
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# Rule 56(a) & (b) = 37 C.F.R. 1.56(a) & (b) PATENT AND TRADEMARK CASES - RULES OF PRACTICE DUTY OF DISCLOSURE

(a) ... Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the [Patent and Trademark] Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability...(b) information is material to patentability when it is not cumulative and (1) It also establishes by itself, or in combination with other information, a prima facie case of unpatentability of a claim or (2) refutes, or is inconsistent with, a position the applicant takes in: (i) Opposing an argument of unpatentability relied on by the Office, or (ii) Asserting an argument of patentability

# PATENT LAWS 35 U.S.C.

# §102. Conditions for patentability; novelty and loss of right to patent

A person shall be entitled to a patent unless--

- (a) the invention was known or used by others in this country, or patented or described in a printed publication in this or a foreign country, before the invention thereof by the applicant for patent or
- (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of the application for patent in the United States, or
- (c) he has abandoned the invention, or
- the invention was first patented or caused to be patented, or was the subject of an inventor's certificate, by the applicant or his legal representatives or assigns in a foreign country prior to the date of the application for patent in this country on an application for patent or inventor's certificate filed more than twelve months\* before the filing of the application in the United States, or
- (e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371(c) of this title before the invention thereof by the applicant for patent, or
- $(f)_{i=1}^{\frac{1}{2}}$  he did not himself invent the subject matter sought to be patented, or
- (g) before the applicant's invention thereof the invention was made in this country by another who had not abandoned, suppressed, or concealed it. In determining priority of invention there shall be considered not only the respective dates of conception and reduction to practice of the invention, but also the reasonable diligence of one who was first to conceive and last to reduce to practice, from a time prior to conception by the other.

### §103. Condition for patentability; non-obvious subject matter

- (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made. . . .
- (c) Subject matter developed by another person, which qualified as prior art only under subsection (f) or (g) of section 102 of this title, shall not preclude patentability under this section where the subject matter and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person.

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<sup>\*</sup> Six months for Design Applications (35 U.S.C. 172).